

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040466
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. 5618 Registrar's No. 30

FILED OCT 29 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair											
b. CITY OR TOWN Greensburg			Length of stay in 1b 6 weeks		c. CITY OR TOWN Brashear		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) Rt 1, Brashear, Mo.				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) BERTHA MAE ERWIN				4. DATE OF DEATH October 17 1963											
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Single		8. DATE OF BIRTH 9/9/87		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker				10b. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (City and state or country) Schuyler County, Mo.			12. CITIZEN OF WHAT COUNTRY U S						
13a. FATHER'S NAME William P. Clarkson				13b. MOTHER'S MAIDEN NAME Susan Kirkland				14. NAME OF HUSBAND OR WIFE Virgil O. Erwin							
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No No				16. SOCIAL SECURITY NO. E		17. INFORMANT Virgil Erwin, Brashear, Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease gr. IV										10 yrs.					
DUE TO (b) Generalized arteriosclerosis										18 yrs.					
DUE TO (c) diabetes mellitus.										30 yrs.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from May 1962 to Oct. 17th 1963 and last saw her alive on Oct. 3rd 1963 Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Francis Tarvydas M.D.						22b. ADDRESS Edina Missouri			22c. DATE SIGNED Oct. 21st 1963						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)									
Burial		10/20/63		Willmathsville		Willmathsville, Adair, Mo.									
24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 10/22/63		26. REGISTRAR'S SIGNATURE Nelle L. Hunt									

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.